

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019968
2609 STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED MAY 20 1963

VS 300
Rev. 4/59

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28150

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DATE AMENDED

5-7-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Westlawn Cemetery

SHOULD READ

Mount Calvary Cemetery

BY AFFIDAVIT OF Funeral Director DOCUMENT

Medical Certification

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		c. CITY OR TOWN KANSAS CITY, KANSAS	
Length of stay in 1b 23 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		d. STREET ADDRESS (If outside, give location) 640 Oakland.	
3. NAME OF DECEASED (Type or print) First Middle Last MORRIS (NMI) BRIGHT		4. DATE OF DEATH Month Day Year MAY 4, 1963	
5. SEX MALE	6. COLOR OR RACE negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/29/09
9. AGE (last birthday) 53		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN		10b. KIND OF BUSINESS OR INDUSTRY CUSTODIAN	
11. BIRTHPLACE (City and state or country) KANSAS CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES BRIGHT		13b. MOTHER'S MAIDEN NAME VICTORIA WILLIAMS	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES 2/26/41 to 11/25/45	
16. SOCIAL SECURITY NO.		17. INFORMANT Florence Calhoun 2426 Harrison VA HOSPITAL RECORDS, Kc, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRAIN TUMOR DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 4/12/63 to 5/4/63 and last saw her alive on 5/4/63		Death occurred at 6:00 PM 5/4/63 on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) C.T. Hinshaw, Jr., M.D.		22b. ADDRESS K-c. Mo.	
22c. DATE SIGNED 5-5-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/8/63	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	23d. LOCATION (City, town, or county) Kansas City, Kansas
24. FUNERAL DIRECTOR Nathan W. Thatcher		25. DATE RECD. BY LOCAL REG. 5-6-63	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

- Signature of Student Embalmer

Signed _____

Clifford F Woods

Licensed Embalmer No. _____

3106

P. O. Address _____

1520 N. 5th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.